

Combined Declaration and Power of Attorney for Patent Application

Docket Number: 0609.4440001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled A Method for Treating or Preventing Alzheimer's Disease, the specification of which is attached hereto unless the following box is checked:

- ☐ was filed on (Herewith) ;
as United States Application Number or PCT International Application Number (to be assigned) ; and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application, which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Application No.)	(Country)	(Day/Month/Year Filed)		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Application No.)	(Country)	(Day/Month/Year Filed)		

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

<u>60/039,607</u>	<u>March 12, 1997</u>
(Application No.)	(Filing Date)
_____	_____
(Application No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>PCT/US98/04731</u>	<u>March 12, 1998</u>	<u>pending</u>
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)

Appl. No.(To be assigned)
Docket No. 0609.4440001

I hereby appoint Robert W. Esmond, Reg. No. 32,893, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

ROBERT W. ESMOND
312 Blair Court, N.W.
Vienna, VA 22180

Direct Telephone Calls to:

(202) 371-2560

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Robert W. Esmond	
Signature of sole or first inventor	<i>Robert W. Esmond</i> Aug 30, 1999 Date
Residence: Vienna, VA	
Citizenship: USA	
Post Office Address: 312 Blair Court, N.W.	
Vienna, VA 22180	
Full name of second inventor: Jack R. Wands	
Signature of second inventor	<i>J R Wands</i> Sept 5, 1999 Date
Residence	210 Varick Rd. WABAN MA
Citizenship: USA	USA
Post Office Address	210 Varick Rd

Full name of third inventor: Suzanne de la Monte	
Signature of third inventor	<i>Suzanne de la Monte</i> 7 Sept 1999 Date
Residence	1040 High Hawk Rd, East Greenwich, RI
Citizenship: USA	USA
Post Office Address	1040 High Hawk Road, East Greenwich, RI 02818
Full name of fourth inventor	
Signature of fourth inventor	Date
Residence	
Citizenship	
Post Office Address	
Full name of fifth inventor	
Signature of fifth inventor	Date
Residence	
Citizenship	
Post Office Address	

Statement Claiming Small Entity Status
(37 C.F.R. §§ 1.9(c) and 1.27(b)) - Independent Inventor

Applicant or Patentee: Robert W. Esmond, Jack R. Wands and Suzanne de la Monte

Appl. or Patent No. (to be assigned) _____ Attorney Docket No. 0609.4440001

Filed or Issued: Herewith

Title: A Method for Treating or Preventing Alzheimer's Disease

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 C.F.R. § 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, with regard to the invention described in

- ☒ [X] the specification filed herewith with title as listed above.
☐ [] the application identified above.
☐ [] the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 C.F.R. § 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization to which I have assigned, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ [] no such person, concern, or organization exists.
☒ [X] each such persons, concerns or organizations is listed below.

NAME THE GENERAL HOSPITAL CORPORATION

ADDRESS Fruit Street, Boston, MA 02114

() INDIVIDUAL () SMALL BUSINESS CONCERN (X) NONPROFIT ORGANIZATION

Separate statements are required from each named person, concern or organization having rights to the invention indicating their status as small entities. (37 C.F.R. § 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

Robert W. Esmond

Name of Inventor

Robert W. Esmond
Signature of Inventor

Aug 30, 1999
Date

Jack R. Wands

Name of Inventor

Jack R. Wands
Signature of Inventor

9/5/99
Date

Suzanne de la Monte

Name of Inventor

Suzanne de la Monte
Signature of Inventor

7 Sept 1999
Date

SENT BY: S K G & F

; 8- 8-89 ; 2:54PM ;

SKG&F→

617 726 1668;# 2

Statement Claiming Small Entity Status
(37 C.F.R. §§ 1.9(e) and 1.27(d)) -- Nonprofit Organization

Applicant or Patentee: Esmond et al. Attorney Docket No. 0609.4440001
 Appl. or Patent No.: To be assigned
 Filed or Issued: Herewith
 For: A Method for Treating or Preventing Alzheimer's Disease

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION The General Hospital Corporation
 ADDRESS OF NONPROFIT ORGANIZATION Fruit Street, Boston, MA 02114

TYPE OF NONPROFIT ORGANIZATION

- ☐ University or other institution of higher education
☒ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
 (Name of state _____)
 (Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
 if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America
 if located in The United States of America
 (Name of state _____)
 (Citation of statute _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(c) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention must file a separate statement indicating their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization having any rights in the invention (other than the nonprofit organization named above) is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern, or organization is listed below:

NAME Robert W. Esmond
 ADDRESS 312 Blair Court, Vienna, VA 22180
☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME Jack R. Wanda
 ADDRESS 210 Varick Road, Waban, MA 02168
☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME Suzanne de la Monte
 ADDRESS 1040 High Hawk Road, East Greenwich, CT 02818
☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

NAME OF PERSON SIGNING _____
 TITLE IN ORGANIZATION _____
 ADDRESS OF PERSON SIGNING _____
 SIGNATURE _____

DAVID J. GLASS, Ph.D.
 ASSOCIATE DIRECTOR FOR PATENTS
 OFFICE OF TECHNOLOGY AFFAIRS

DAVID J. GLASS
 OFFICE OF CORPORATE SPONSORED RESEARCH AND LICENSING
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 CHARLESTOWN, MA 02129

DATE 9/11/99